

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

OCCUPATIONAL LICENSE APPLICATION

*INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application .
Once completed, return the application to the Occupational License division located at Town Hall.*

APPLICANTS: COMPLETE FRONT PAGE ONLY

BUSINESS NAME: _____

BUSINESS STREET ADDRESS: _____ ZIP _____

BUSINESS MAILING ADDRESS: _____ ZIP _____

BUSINESS PHONE: _____

DESCRIBE TYPE OF BUSINESS: _____

BUSINESS IS: Corporation _____ Sole Proprietor _____ Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Federal ID Number or Social Security Number _____

Square Footage of Business At This Location: Office _____ Warehouse _____

Number Of Full-Time Employees At This Location _____ Part-Time Employees _____

What Was Previous Use Of Business Location _____

Industrial/Manufacturing Areas: Is your wastewater system Septic _____ Sewer _____

I understand that this is an application for and occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license, upon receipt, is valid until September 30, _____ and must be renewed before each October 1st.

Print Owner or Officers Name and Title

Signature of Owner or Officer